

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JOSE A. PINCHEIRA	<i>[Signature]</i>	Street: 1106 N. HIGH POINT RD. City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 20 11 (Month) (Day) (Year)
2. Randy Parvin	<i>[Signature]</i>	Street: 503 Frost Woods City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona MADISON	11 / 16 / 20 11 (Month) (Day) (Year)
3. Jane Bennett	<i>[Signature]</i>	Street: 242 Junction Rd. #30 City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 20 11 (Month) (Day) (Year)
4. Heather Feldhusen	<i>[Signature]</i>	Street: 8201 Plaza Dr #210 City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 20 11 (Month) (Day) (Year)
5. JOGENA G WIEPT	<i>[Signature]</i>	Street: 5106 FLAMBEAU ROAD City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 20 11 (Month) (Day) (Year)
6. Douglas Arthur Wiest	<i>[Signature]</i>	Street: 5106 Flambeau Road City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 20 11 (Month) (Day) (Year)
7. JEFF DUNSTAD	<i>[Signature]</i>	Street: 110 OZARK TRAIL City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 16 / 20 11 (Month) (Day) (Year)
8. Laurelei Schuster	<i>[Signature]</i>	Street: 5110 Lorath Terrace City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 20 11 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Mary Hanaway, (certify): I reside at 4820 Hillview Terrace City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20 11
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Mary Hanaway
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CO
1. Print: <u>Catherine A. Corbin</u> Sign: <u>Catherine A. Corbin</u>	Street: <u>195 S. Fair Oaks Ave.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>Karie</u> Phone <u>(608)</u>
2. Print: <u>David Lee</u> Sign: <u>David Lee</u>	Street: <u>108 E. Main St</u> City: <u>Wales</u> Zip: <u>53183</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Wales</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>David</u> Phone <u>(608)</u>
3. Print: <u>Harold E. Hanson</u> Sign: <u>Harold E. Hanson</u>	Street: <u>18 Jacobs Ct</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>hha</u> Phone <u>(608)</u>
4. Print: <u>Jason F Newberry</u> Sign: <u>Jason F Newberry</u>	Street: <u>4422 Rigney Ln</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>ifne</u> Phone <u>(608)</u>
5. Print: <u>LONNIE WILD</u> Sign: <u>Lonnie Wild</u>	Street: <u>2303 13TH ST</u> City: <u>MONROE WI</u> Zip: <u>53566</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MONROE</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email <u>LONNIE</u> Phone <u>(608)</u>

Certification of Circulator

I, Lance Wilde (certify): I reside at 4102 Drexel Ave Madison WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)
Lance Wilde
(Signature of Circulator)

Page No. (Official Use Only)
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Return to
Committee
PO Box 2
Madison, WI

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SCOTT WALKER RECALL PETITION

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1. Print: <u>diane sing</u> Sign: <u>[Signature]</u>	Street: <u>409 N. Thompson Dr #6</u> City: <u>Madison, WI</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>shg</u> Phone <u>(608)</u>
2. Print: <u>RUTH CASHWELL</u> Sign: <u>[Signature]</u>	Street: <u>618 NORTH ST #2</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>ruth</u> Phone <u>(608)</u>
3. Print: <u>TIMOTHY A GRAN</u> Sign: <u>[Signature]</u>	Street: <u>622 N Spring ST</u> City: <u>Columbus, WI</u> Zip: <u>53925</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Columbus</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Tim</u> Phone <u>(920)</u>
4. Print: <u>Randall Salber</u> Sign: <u>[Signature]</u>	Street: <u>415 Fair Oaks Av</u> City: <u>Madison</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>[Blank]</u> Phone <u>(608)</u>
5. Print: <u>Charles F Mielke</u> Sign: <u>[Signature]</u>	Street: <u>75 Hollywood Dr</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>CF</u> Phone <u>(608)</u>

Certification of Circulator

I, Lance W. De (certify): I reside at 4102 Drexel Ave Madison, WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 Lance Xf-25e
(Month) (Day) (Year) (Signature of Circulator)

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PO Box 1
Madison

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SCOTT WALKER RECALL PETITION

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1. Print: <u>Lynne Roberts</u> Sign: <u>[Signature]</u>	Street: <u>E13399 Co. Rd. W</u> City: <u>Baraboo</u> Zip: <u>53913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>lynne</u> Phone <u>(608)</u>
2. Print: <u>Dave Siegfried</u> Sign: <u>[Signature]</u>	Street: <u>E13399 Co Rd W</u> City: <u>Baraboo</u> Zip: <u>53913</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Greenfield</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>dave</u> Phone <u>(608)</u>
3. Print: <u>Mel Marcum</u> Sign: <u>[Signature]</u>	Street: <u>628 E. Dayton St. #17</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>John A. McNamara</u> Sign: <u>[Signature]</u>	Street: <u>430 Cantwell Ct #A</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>John</u> Phone <u>(608)</u>
5. Print: <u>Adam Corbin</u> Sign: <u>[Signature]</u>	Street: <u>195 S FAIR OAKS AVE</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>amch</u> Phone <u>(608)</u>

Certification of Circulator

I, Lance Wilde (certify): I reside at 4102 Drexel Ave Madison, WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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11 / 15 / 2011
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Lance Wilde
(Signature of Circulator)

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: <u>Helen Kitchel</u> Sign: <u>Helen Kitchel</u>	Street: <u>225 Potter St.</u> City: <u>Madison</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>Debra Lammers</u> Sign: <u>Debra Lammers</u>	Street: <u>601 S. Baldwin #2</u> City: <u>Madison WI</u> Zip: <u>53707</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>KATHY BANNON</u> Sign: <u>Kathy Bann</u>	Street: <u>1110 N. SHORMAN</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>City of Madison</u> (Municipality Name) <u>(LV)</u>	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>James S. Wold</u> Sign: <u>James S. Wold</u>	Street: <u>2845 Hoard St</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Connie Murphy</u> Sign: <u>Connie Murphy</u>	Street: <u>2837 Hoard St #2</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, Lance Wilde (certify): I reside at 4102 Drexel Ave Madison, WI
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Lance Wilde
(Signature of Circulator)

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PO Box 2
Madison

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. <u>Donna Winter</u> Print: <u>Donna Winter</u> Sign: <u>[Signature]</u>	Street: <u>4313 Major ave</u> City: <u>Madison WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Signature]</u> Phone: <u>(608)</u>
2. <u>LORA LEE FRY</u> Print: <u>Lora Lee Fry</u> Sign: <u>[Signature]</u>	Street: <u>5505 PORTAGE RD</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BURKE</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>casasbcg</u> Phone: <u>(608)</u>
3. <u>Susan Agee</u> Print: <u>Susan Agee</u> Sign: <u>[Signature]</u>	Street: <u>1522 Almo Ave</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>agee</u> Phone: <u>(608)</u>
4. <u>Betty Weynand</u> Print: <u>Betty Weynand</u> Sign: <u>[Signature]</u>	Street: <u>901 Clarence Ct</u> City: <u>Madison WI</u> Zip: <u>53715</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>Madison</u> Phone: <u>(608)</u>
5. <u>MARY MULLEN</u> Print: <u>MARY MULLEN</u> Sign: <u>Mary Mullen</u>	Street: <u>4337 MILFORD RD.</u> City: <u>MADISON, WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>mmu</u> Phone: <u>(608)</u>

Certification of Circulator

I, Donna S. Winter (certify): I reside at 4313 Major ave MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

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11 15 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Return to

Committee
PO Box 2
Madison,

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SCOTT WALKER RECALL PETITION

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1. Print: <u>LINDA L. VOEGELI</u> Sign: <u>Linda L. Voegeli</u>	Street: <u>4181 MAHONEY CT</u> City: <u>Mc FARLAND</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>DUNN</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
2. Print: <u>Sylvia A. Brown</u> Sign: <u>Sylvia A. Brown</u>	Street: <u>162 Dixon St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Jennifer Henning</u> Sign: <u>JHenning</u>	Street: <u>202 N Fifth St</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Jean A. Henning</u> Sign: <u>Jean A. Henning</u>	Street: <u>7785 Clinton Rd.</u> City: <u>Morrisonville</u> Zip: <u>53571</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Ginny Whitehouse</u> Sign: <u>Ginny Whitehouse</u>	Street: <u>6509 Raymond Rd</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)

1. Doana S. Winter (certify): I reside at 4313 MAJOR AVE MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 2.13(3)(a), Wis. Stats.

11 15 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1658

Circulators,
Please include your c

Phone
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Email
[Signature]

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jenni Kaela		Street: 2530 E Johnson St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Allison Stevens		Street: 6606 Hopewell Dr City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Rob DeBauche		Street: 5217 Summer Ridge Dr City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Fay McClurg, (certify): I reside at 15 N Third St Madison WI
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Email jen.kaela
Phone (608) 253-0101

Email Alli Stevens
Phone (608) 253-0101

Email Rob DeBauche
Phone (608) 253-0101

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Kristi Gullen</u> Sign: <u>Kristi A Gullen</u>	Street: <u>2722 Van Hise Av</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>WILLIAM S. SAMPLE</u> Sign: <u>William S Sample</u>	Street: <u>2722 Van Hise Ave.</u> City: <u>Madison, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Sarah Nack</u> Sign: <u>Sarah Nack</u>	Street: <u>921 Havey Rd.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>KAREN HENDERSON</u> Sign: <u>Karen Henderson</u>	Street: <u>2416 INDEPENDENCE LANE #3</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>GRACE CUDNEY</u> Sign: <u>Grace Cudney</u>	Street: <u>4813 STARKER AVE</u> City: <u>MADISON</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11 / 15 / 2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

I, Kristi A. Gullen, (certify): I reside at 2722 Van Hise Av. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011 Kristi A Gullen
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
1660

Return by
Committee
PO Box 25
Madison, WI

Circulators,
Please include your

Phone
(608)
Email
Kristi G
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: <u>MARIE BERMAN</u> Sign: <u>Marie Berman</u>	Street: <u>4310 CHEROKEE DR</u> City: <u>MADISON</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Socool</u> Phone <u>(608)</u>
2. Print: <u>Gretchen Delfin</u> Sign: <u>GD</u>	Street: <u>16 Cornerstone Way #9</u> City: <u>Fitchburg WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>gretchen</u> Phone <u>(608)</u>
3. Print: <u>Rachel Scheer</u> Sign: <u>Rachel Scheer</u>	Street: <u>3314 Cty Rd BN</u> City: <u>Deerfield</u> Zip: <u>53531</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cottage Grove</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>608-</u> Phone <u>wrsch</u>
4. Print: <u>KRIS Zimmerman</u> Sign: <u>kh</u>	Street: <u>406 S Washington</u> City: <u>Watertown</u> Zip: <u>53094</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Watertown</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>zoom</u> Phone <u>(608)</u>
5. Print: <u>Shawna Guinn</u> Sign: <u>Shawna Guinn</u>	Street: <u>129 Talmadge St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Shawna</u> Phone <u>(608)</u>

Certification of Circulator

I, Kristi A. Gulen, (certify): I reside at 2722 Van Hise Av. City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kristi A. Gulen
(Signature of Circulator)

Page No. (Official Use Only)

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Return by

Committee
PO Box 25
Madison, WI

Circulators,
Please include your

Phone

(608)

Email

Kristi G

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by:
Committee
PO Box 25
Madison, WI

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1. Print: <u>MARK WEITZEL</u> Sign: <u>Mark Weitzel</u>	Street: <u>42 Rough Lee Ct</u> City: <u>MADISON WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>MWWE</u> Phone <u>(608)</u>
2. Print: <u>David Evans</u> Sign: <u>David Evans</u>	Street: <u>2014 Frazer Place Apt A</u> City: <u>Madison</u> Zip: <u>53706</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>-</u> Phone <u>608</u>
3. Print: <u>Monette McGuire</u> Sign: <u>Monette McGuire</u>	Street: <u>5649 Polworth St.</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>(</u> Phone <u>(</u>
4. Print: <u>Mary Moroney</u> Sign: <u>Mary Moroney</u>	Street: <u>1065 State Rd 78</u> City: <u>Mt. Horeb</u> Zip: <u>53572</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Horeb</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>(</u> Phone <u>(</u>
5. Print: <u>Catherine Tracy</u> Sign: <u>Catherine Tracy</u>	Street: <u>7854 N. Yahara Rd</u> City: <u>DeForest</u> Zip: <u>WI</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Windsor</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>(</u> Phone <u>(</u>

Certification of Circulator

I, Kristi A. Gullen, (certify): I reside at 2722 Van Hise Ave City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kristi A. Gullen
(Signature of Circulator)

Page No. (Official Use Only)
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Circulators,
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Amanda Frankewicz</u> Sign: <u>Amanda M. Frankewicz</u>	Street: <u>225 Grant Street</u> City: <u>Wyocena</u> Zip: <u>53999 WI</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wyocena</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>afrankewicz@gmail.com</u> Phone <u>(608) 608-1000</u>
2. Print: <u>Jennifer Stoiber</u> Sign: <u>Jennifer Stoiber</u>	Street: <u>5598 Byrneland St</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>jstoiber@fitchburgwi.com</u> Phone <u>(608) 608-1000</u>
3. Print: <u>Cristine Rameker</u> Sign: <u>Cristine Rameker</u>	Street: <u>5623 Longford Terrace</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>crameker@fitchburgwi.com</u> Phone <u>(608) 608-1000</u>
4. Print: <u>DANIEL BOHRD</u> Sign: <u>Daniel Bohrd</u>	Street: <u>3634 HARDY RD</u> City: <u>MADISON, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>dbohrd@madisonwi.com</u> Phone <u>(608) 608-1000</u>
5. Print: <u>DAVID M. GAWENDA</u> Sign: <u>David M. Gawenda</u>	Street: <u>1004 DOUGLAS TRAIL</u> City: <u>MADISON</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>gawenda@madisonwi.com</u> Phone <u>(608) 608-1000</u>

I, Kristi A. Gullen, (certify): I reside at 2722 Van Hise Ave City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kristi A. Gullen
(Signature of Circulator)

Page No. (Official Use Only)
1663

Return by:
Committee
PO Box 25
Madison, WI

Circulators,
Please include your contact information

Phone
(608) 608-1000
Email
kristi.gullen@madisonwi.com
30704
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, V

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>LOUISE JOHNSON</u> Sign: <u>Louise Johnson</u>	Street: <u>425 W. JOHNSON</u> City: <u>MADISON</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>Loe</u> Phone <u>(608)</u>
2. Print: <u>JOHN DZIEDZIC</u> Sign: <u>John Dziedzik</u>	Street: <u>116 W. Washington St</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(</u>
3. Print: <u>MARY KASPAREK</u> Sign: <u>Mary Kasparuk</u>	Street: <u>17 WAUBESA ST</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>mm</u> Phone <u>(608)</u>
4. Print: <u>Deborah Schroeder</u> Sign: <u>Deborah Schroeder</u>	Street: <u>3027 Providence St #12</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Jeffrey Golden</u> Sign: <u>Jeffrey Golden</u>	Street: <u>2824 Landmark Pl 40</u> City: <u>Madison</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, Kristi A. Gullen, (certify): I reside at 2722 Van Hise Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Kristi A. Gullen
(Signature of Circulator)

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1664

Circulators,
Please include your c

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 256
Madison, WI

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Angela Witt</u> Sign: <u>Angela Witt</u>	Street: <u>1946 Melrose St.</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>angela</u> Phone <u>(608)</u>
2. Print: <u>Melinda Pierson</u> Sign: <u>Melinda R. Pierson</u>	Street: <u>4851 Poplar Creek Dr.</u> City: <u>Madison, WI</u> Zip: <u>53708</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Melinda</u> Phone <u>(608)</u>
3. Print: <u>Wesley K Powers</u> Sign: <u>Wesley K. Powers</u>	Street: <u>5471 Williamsburg Way Apt #208</u> City: <u>Fitchburg</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email <u>Wesley po</u> Phone <u>(608)</u>
4. Print: <u>Kelly Giessinger</u> Sign: <u>Kelly Giessinger</u>	Street: <u>3102 Dorchester Way</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(</u>
5. Print: <u>Ida Sigala</u> Sign: <u>Ida Sigala</u>	Street: <u>2317 Cypress Way #5</u> 53713 City: <u>Madison WI</u> Zip: <u>53713</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

Certification of Circulator

I, Kristi A. Gullen, (certify): I reside at 2722 Van Hise Ave
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Kristi A. Gullen
(Signature of Circulator)

Page No. (Official Use Only)
1665

Circulators,
Please include your co

Phone
(608)
Email
Kristi G
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 256
Madison, W

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Carlos Pabellin</u> Sign: <u>Carlos Pabellin</u>	Street: <u>4730 Waukesha ST.</u> City: <u>MADISON</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email <u>CPabellin</u> Phone (608)
2. Print: <u>Gina Hill</u> Sign: <u>Gina Hill</u>	Street: <u>1383 Bunker Hill Dr.</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
3. Print: <u>Stewart McElroy</u> Sign: <u>Stewart McElroy</u>	Street: <u>1314 S. Thompson Dr</u> City: <u>Madison</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
4. Print: <u>Loreen C. Redepenning</u> Sign: <u>Loreen C. Redepenning</u>	Street: <u>2155 Norgaren Rd</u> City: <u>Stoughton WI</u> Zip: <u>53589</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Pleasant Springs</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone (608)
5. Print: <u>Tom Olson</u> Sign: <u>Tom Olson</u>	Street: <u>923 Eagle Heights Apt A</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone (715)

I, Kristi A. Gullen, (certify): I reside at 2722 Van Hise Ave City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Kristi A. Gullen
(Signature of Circulator)

Page No. (Official Use Only)
1666

Circulators,
Please include your contact information

Phone
(608)
Email
KristiGullen
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B.
347

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. AD Jeffcott	[Signature]	Street: 2002 Vahlen St. City: Madison Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Ryan J Ostrman	[Signature]	Street: 315 Joshua Circle City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
3. Philip D. Mathison	[Signature]	Street: 2002 Vahlen St. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Adrienne Golden	[Signature]	Street: 1802 Northport City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Judy Ferwerda	[Signature]	Street: 264 Grand Canyon Dr. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. MEGHAN L. HAMILTON	[Signature]	Street: 3738 Busse St. City: MADISON, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Cody Labagnara	[Signature]	Street: 1122 Badger rd Apt 2 City: madison wi Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Toinette Ducksworth	[Signature]	Street: 5530 Marconi St City: madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Molly Hoffman	[Signature]	Street: 750 S Gammon Rd #4 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)

Certification of Circulator

I, Kelli Lawler, (certify): I reside at 416 Hudson Ave #2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1667

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Circulators, please
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. ROBERT BENOU	<i>Robert Benou</i>	Street: 1503 STEENSLAND DR City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Jackson Fothergill	<i>Jackson Fothergill</i>	Street: 126 S. Franklin St #2C City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Genevieve McNeal	<i>Genevieve McNeal</i>	Street: 2325 COLUMBUS LN #12 City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Melissa Smith	<i>Melissa Smith</i>	Street: 117 Ardmore Dr. City: madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
5. Dean Richard	<i>Dean Richard</i>	Street: 1415 Jennifer St City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
6. Michael S. McLaughlin	<i>Michael S. McLaughlin</i>	Street: 128 Sonnyvale Ln. City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
7. DAVID PAYNE	<i>David Payne</i>	Street: 501 AZTALAN DR City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Claudia Striley	<i>Claudia Striley</i>	Street: W10912 Lake Pt. DR. City: Lodi WI Zip: 53555	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Lodi	11/15/2011 (Month) (Day) (Year)
9. JED HANNEMANN	<i>Jed Hannemann</i>	Street: 333 WEST MICKLIN ST. City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Drew Smith	<i>Drew Smith</i>	Street: 7533 Sawmill Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Kelli Lawler, (certify): I reside at 416 Hudson Ave. #2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11 / 15 / 2011
(Month) (Day) (Year)

Kelli Lawler
(Signature of Circulator)

Page No. (Official Use Only)
1668

Return
Complete
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CONTACT INFORMATION
Email: <u>ROBERTB@...</u>
Phone: <u>(608) 2...</u>
Email: <u>Fothergill</u>
Phone: <u>(608) 4...</u>
Email: <u>gmcneal</u>
Phone: <u>(608) 3...</u>
Email: <u>madison</u>
Phone: <u>(608) ...</u>
Email: <u>mmc...</u>
Phone: <u>(701) ...</u>
Email: <u>()</u>
Phone: <u>()</u>
Email: <u>AMMOL</u>
Phone: <u>(608) ...</u>
Email: <u>Claudia</u>
Phone: <u>()</u>
Email: <u>SAHANNEM</u>
Phone: <u>(715) ...</u>
Email: <u>absmith</u>
Phone: <u>(608) 4...</u>

Circulators, please
Phone: 608
Email: KLawler
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Phone	(608) 5
Email	MTJMJA
Phone	(608) 7
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Phone	()

PH 16 Hudson Ave #2

I, Kelli Lawler, (certify): I reside at

(Circulator's Residence – Street name and Number)

Circulators, please

Phone	60
Email	Klan Ba

_____ Kelly Leavelle

Page No. (Official Use Only)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Theo Brader	[Signature]	Street: 4109 Carberry St City: Madison WI Zip: 53705	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Devin Wniger	[Signature]	Street: 126 E. Wilson St - Apt H City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Riley Ace	[Signature]	Street: 132 Capitol View #4 City: Madison WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Vicki Anderson	[Signature]	Street: 1234 E. Mifflin #6 City: Madison WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/14/2011 (Month) (Day) (Year)
5. Adam Disler	[Signature]	Street: 625 Madison E Mifflin St #305 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Joe Clark	[Signature]	Street: 1018 East Carham City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. CAROLYN J. PRICE	[Signature]	Street: 101 Ferchland Place #101 City: Monona WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. DeShawn Suggs	[Signature]	Street: 5825 Balsam Rd #4 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. JUSTIN DAHMEN	[Signature]	Street: 5 N. Woodmont Cir City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. TYLER DAHMEN	[Signature]	Street: 5 N. WOODMONT CIR City: MADISON, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Kelli Lawler, (certify): I reside at 416 Hudson Ave #2 Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Kelli Lawler
(Signature of Circulator)

Page No. (Official Use Only)
1670

Return
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Email: [Redacted]
Phone: (414) [Redacted]
Email: [Redacted]
Phone: (608) 3[Redacted]
Email: [Redacted]
Phone: (608) 4[Redacted]
Email: [Redacted]
Phone: (608) [Redacted]
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NOT SUBMITTED

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Andrew Stuckey	<i>Andrew Stuckey</i>	Street: 1 West Newhaver Ct City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Sean Goodroad	<i>Sean Goodroad</i>	Street: 7515 Rohlich Ct #6 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
3. Zachary Mueller	<i>Zachary Mueller</i>	Street: 434 East Campus Mall #204 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Casey Rogers	<i>Casey Rogers</i>	Street: 441 S. Segoe Rd. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Alicia Wright	<i>Alicia Wright</i>	Street: 1841 Beld ST City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Janna Lebrus	<i>Janna Lebrus</i>	Street: 119 N Barset City: Madison, WI Zip: 53501	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Jaclyn Eitrem	<i>Jaclyn Eitrem</i>	Street: 1100 Woodvale Dr City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Diana Camosy	<i>Diana Camosy</i>	Street: 3414 W. Dayton St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Rebecca Holzmann	<i>Rebecca Holzmann</i>	Street: 3002 Patty Ln #4 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
10. Katharine Levens	<i>Katharine Levens</i>	Street: 582 N. Frances St #700 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Derek Ombrowski	<i>[Signature]</i>	Street: 5219 Buttonbush Drive City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
2. Sean David O'Connor	<i>[Signature]</i>	Street: 3103 Stevens St. Apt. 2 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Zoe Pawlisch	<i>[Signature]</i>	Street: 1702 Rutledge St. City: Madison Zip: W	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Katie Bolssen	<i>[Signature]</i>	Street: 140 W. Gilman City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Jim Holler	<i>[Signature]</i>	Street: 2820 Arbor Dr. Apt. 4 City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Donna Sereda	<i>[Signature]</i>	Street: 2814 Center Ave. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Lauren Konetzki	<i>[Signature]</i>	Street: 502 N Francis St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Tyhone Walker	<i>[Signature]</i>	Street: 1121 MacArthur Rd City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Sadie Sturgeon	<i>[Signature]</i>	Street: 245 Langdon St. Apt. I City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Tanner Schultz	<i>[Signature]</i>	Street: 5126 Prairie Rose Rd City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11, 16 120 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

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Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Allison Clarke	<i>[Signature]</i>	Street: 7345 Timber Lake Tr Apt 306 City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
2. Benjamin Van Ryzin	<i>[Signature]</i>	Street: 50 Fuller Drive City: Madison Zip: 53704	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Maple Bluff <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
3. Michael Kyrios	<i>[Signature]</i>	Street: 620 North Carroll Street Apt 709 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
4. Leila Belakhodar	<i>[Signature]</i>	Street: 217 Meiry St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
5. June Dalton	<i>[Signature]</i>	Street: 6307 Winnegah Rd City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11 / 15 / 20 11 (Month) (Day) (Year)
6. Lisa Dachenbach	<i>[Signature]</i>	Street: 2 Langdon St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
7. MARK HOTH	<i>[Signature]</i>	Street: 14 LONGMEADOW CIRCLE City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
8. Susan Ellis Weismer	<i>[Signature]</i>	Street: 1111 Winding Way City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11 / 16 / 20 11 (Month) (Day) (Year)
9. Rachel Zwiebel	<i>[Signature]</i>	Street: 7409 Old Sauk Rd City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 20 11 (Month) (Day) (Year)
10. Nicholas Grundl	<i>[Signature]</i>	Street: 12. S. Orchard City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 16 / 20 11 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brad T. Klingele		Street: 5713 Piping Rock Rd. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Daniel Thompson		Street: 535 W Johnson City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Helen Osborn		Street: 423 W. Mifflin St. #2 City: Madison, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Antonio Rengel		Street: 430 W. Wilson Street Apt #1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Mikaela Tennis		Street: 140 W. Gilman Street City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Kerrie Fawcett		Street: 516 Wisconsin Ave #6 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Jonathan Berger		Street: 644 N. Frances St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. James Macken		Street: 115 E. Johnson St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Jared LeBlanc		Street: 412 W. Johnson St. Apt. 3 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Regan Borchardt		Street: 3030 Pally LN Apt 6 City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulators

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Betty Zana	<i>Betty Zana</i>	Street: 6229 Countryside Ln City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Jessica Doing	<i>Jessica Doing</i>	Street: 422 W. Washington Ave. City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Dora Larsen Converse	<i>Dora Larsen Converse</i>	Street: 618 Schiller Ct City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Karen Haagensen Kuen Haagensen	<i>Karen Haagensen Kuen Haagensen</i>	Street: 405 Meier Dr. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. CHARLES MATTHEWS	<i>Charles Matthews</i>	Street: 201 W. WESTMOUNT City: SIMPRAIRE Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sim Prairie	11/16/2011 (Month) (Day) (Year)
6. Kate Dixon	<i>Kate Dixon</i>	Street: 105 N Whitney Way City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. LIAM DAKE	<i>Liam Dake</i>	Street: 224 N. MADISON ST. City: SToughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/16/2011 (Month) (Day) (Year)
8. Emily Ruehl	<i>Emily E Ruehl</i>	Street: 1235 Jenifer St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Heather Adler	<i>Heather Adler</i>	Street: 2321 Badger Parkway #5 City: Madison Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. ERIC WILLEY	<i>Eric Willey</i>	Street: 1624 Forden Ave. Apt 204 City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Price, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

John M. Price
(Signature of Circulator)

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Circulators

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. MARIA SAFFIOTTI DALE	<i>Maria Saffiotti Dale</i>	Street: 309 PARK WAY City: MADISON, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. KEN FRAZIER	<i>Ken Frazier</i>	Street: 351 E. MAIN ST City: Sun Prairie Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
3. Richard McGowan	<i>Richard McGowan</i>	Street: 418 W. Main St #3 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Mia Hicks	<i>Mia Hicks</i>	Street: 910 College Ct Apt 209 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. EMILY JEFKO	<i>Emily Jefko</i>	Street: 250 WAUBESA ST. City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Chris Spiegel	<i>Chris Spiegel</i>	Street: 2510 Bandhalk circle #7 City: Eau Claire WI Zip: 54701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Eau Claire	11/16/2011 (Month) (Day) (Year)
7. Krysta Koralesky	<i>Krysta Koralesky</i>	Street: 433 W. Gilman St. Apt #2 City: Madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Andrew Lynde	<i>Andrew C. Lynde</i>	Street: 135 Langdon St. City: Madison, WI Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Carol Ann Hewitt	<i>Carol Ann Hewitt</i>	Street: 1210 Iowa Dr. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Crystle Martin	<i>Crystle Martin</i>	Street: 641 W Main St #304 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cr. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

John M. Rice
(Signature of Circulator)

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Circulators

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Heidi Hakseth	<i>Heidi Hakseth</i>	Street: 1701 Camus Ln #8 City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Mollie Overby	<i>Mollie Overby</i>	Street: 625 N. Francis St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Esther Sussman	<i>Esther Sussman</i>	Street: 437 W. Gorham apt. 35 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Rachel With	<i>Rachel With</i>	Street: 125 E Gorham Apt 301 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jessica Andersen	<i>Jessica Andersen</i>	Street: 152 Langdon St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Lyise Water	<i>Lyise Water</i>	Street: 152 Langdon St City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Russ Castonow	<i>Russ Castonow</i>	Street: 5818 Windsona WI City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
8. Adam Ammsnbs	<i>Adam Ammsnbs</i>	Street: 140 Rur pr City: Appleton Zip: 54915	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Appleton	11/15/2011 (Month) (Day) (Year)
9. Charles Urena	<i>Charles Urena</i>	Street: 6913 Littlemore Drive City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Rebeca M. Liebl	<i>Rebeca M. Liebl</i>	Street: 610 W. Olin Ave. Apt A City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

John M. Rice
(Signature of Circulator)

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Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sarah Campbell		Street: 146 Langdon St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Patricia R Ferrara		Street: 315 West Gorham St #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Julie Lennon		Street: 1388 Graystone Ct. City: De Pere WI Zip: 54115	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Depere	11/15/2011 (Month) (Day) (Year)
4. Jeff Schultz		Street: 344 W Gorham City: Madison, WI Zip: 53701	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Lisa Smith		Street: 1241 Meadowlark Dr. City: Madison, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. ERIC SZAKACS		Street: 1016 E DAYTON ST. #1 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. David Bresnahan		Street: 115 N Paterson St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Randal Resch		Street: 211 N. Hamilton St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. David D. Honer		Street: 4825 Lovell lane C City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Bradley Kelly		Street: 1237 E Johnson Ave Apt 1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cr. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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Circulators

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Amanda Ochsner	<i>Amanda Ochsner</i>	Street: 10 E Gorham St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
2. Suzanne Way	<i>Suzanne Way</i>	Street: 1007 5117 Marathon Dr City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
3. Daniel Vickerman	<i>Dan V</i>	Street: 509 Elmwood Blvd City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
4. Nolan Lendved	<i>Nolan Lendved</i>	Street: 1620 Madison St. City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
5. Joan Nelsen	<i>Joan Nelsen</i>	Street: 5323 Lianne Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/16/2011 (Month) (Day) (Year)	Email Phone
6. Alex Marks	<i>Alex Marks</i>	Street: 233 Langdon City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
7. CHRISTINE BUHL	<i>Christine Buhl</i>	Street: 2835 KINGSTON DRIVE City: MADISON Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
8. Nicholas Coombs	<i>Nicholas Coombs</i>	Street: 1116 Mound street City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
9. Galen Bergquist	<i>Galen Bergquist</i>	Street: 109 N Hancock St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone
10. Molly Dowden	<i>Molly Dowden</i>	Street: 215 N. Frances Street City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir. Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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11/16/2011
(Month) (Day) (Year)

John M. Rice
(Signature of Circulator)

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Circulators

Phone

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Guillermina De Teran	[Signature]	Street: 415 S. Mills St City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Perfecto Villarreal	[Signature]	Street: 748 Jennifer St City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Stephan Terry	[Signature]	Street: 110 Breese Terrace City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Thomas Lynne's	[Signature]	Street: 201 Foville Adams 1500 Tripp Circle City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Natalie Sol	[Signature]	Street: 21 W Gilman St #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Kyle muller	[Signature]	Street: 134 W. Gorham St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Jacob Kream	[Signature]	Street: 200 Langdon St. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Laura Eve Engel	[Signature]	Street: 904 E Johnson St, A13 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Karyn Riddle	[Signature]	Street: 4108 Yuma Dr City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. DAN JACOBSON	[Signature]	Street: 31 PELICAN CIR City: MADISON WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longwood Cor Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

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Circulators,

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Collin Clark	<i>[Signature]</i>	Street: 416 N. Carroll City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. JOHN LENDVED	<i>[Signature]</i>	Street: 633 N. FRANCES St. City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Eileen Moltzberger	<i>[Signature]</i>	Street: 209 S. Green 502 N. FRANCES St #627 City: madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. ALison Mikulyuk	<i>[Signature]</i>	Street: 2005 Carey Ct City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Claire Johnson	<i>[Signature]</i>	Street: 3817 Pannack Ave City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Jake Wievel	<i>[Signature]</i>	Street: 240 W. Lakeland Pl. Apt 7 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Colin Rayson	<i>[Signature]</i>	Street: 502 N Frances st City: Madison Zip: 53706	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Dennis Peterlin	<i>[Signature]</i>	Street: 305 N Blount Apt 5 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. BRIAN KNAAK	<i>[Signature]</i>	Street: 128 140 IOTA CT #602 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. JESSICA KIRSTEIN	<i>[Signature]</i>	Street: 17 N. FRANKLIN ST. City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]
(Signature of Circulator)

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Circulators, p

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SCOTT WALKER RECALL PETITION

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1. Nate Domaszek	<i>Nate Ruyck</i>	Street: 1303 Drake St City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Adam Levin	<i>Adam Levin</i>	Street: 435 W. Mifflin City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Debbie Shernoff	<i>Debbie Shernoff</i>	Street: 15N Hancock St Apt 2 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Garrett Granger	<i>Garrett Granger</i>	Street: 504 N. Carroll St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Brianna Breunig	<i>Brianna Breunig</i>	Street: 121 E. Gorham St. Apt. #3 City: Madison Zip: 53703 WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Hannah Graber	<i>Hannah Graber</i>	Street: 642 State Street City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Rebecca Fernandez	<i>Rebecca Fernandez</i>	Street: 435 W JOHNSON ST. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Laura Albert	<i>Laura Albert</i>	Street: 435 W. JOHNSON ST. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Kelsey Cleland	<i>Kelsey Cleland</i>	Street: 502 N Frances St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Anna Grilley	<i>Anna Grilley</i>	Street: 512 E Johnson St City: Madison WI Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, John M. Rice, (certify): I reside at 9 Longmeadow Cir Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

(Signature of Circulator)

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1689

Circulators,

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SCOTT WALKER RECALL PETITION

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Melagrie Heinonen "Penny"	Melagrie Heinonen	Street: 205 Memphis Ave. City: madison, WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
2. David B Hart	[Signature]	Street: 219 Memphis Ave. City: madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
3. ANITA BEMIS	[Signature]	Street: 223 MEMPHIS AVE. City: MADISON Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
4. Cheryl Reed	[Signature]	Street: 225 Memphis Ave. City: madison, WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
5. David Lubmeier	[Signature]	Street: 227 MEMPHIS AVE City: madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
6. Stacey Adams	[Signature]	Street: 317 Memphis Ave. City: Madison Madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
7. STANLEY AREINKE	[Signature]	Street: 417 Memphis Ave City: madison, WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
8. Arlene Moody	[Signature]	Street: 501 Memphis Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
9. Julia White	[Signature]	Street: 505 Memphis Ave City: Madison, WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)
10. Robert White	[Signature]	Street: 505 Memphis Ave City: Madison WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Melagrie (Penny) Heinonen, (certify): I reside at 205 Memphis Ave. Madison, WI Blooming Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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SCOTT WALKER RECALL PETITION

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1. Anthony C. Taglia		Street: 517 Memphis Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
2. Yesenia Olivas		Street: 605 Memphis Ave City: Madison WI Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
3. Kyle Ryan		Street: 3210 St Paul Ave. City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
4. Elizabeth Lawler		Street: 3210 St. Paul Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Blooming Grove	11/15/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Melanie (Penny) Heinonen, (certify): I reside at 205 Memphis Ave - Madison, WI Blooming Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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Melanie Heinonen
(Signature of Circulator)

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. <u>Georgia Black</u> Print: <u>Georgia Black</u> Sign: <u>[Signature]</u>	Street: <u>505 Christman Ave</u> City: <u>Madison WI</u> Zip: <u>53714</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bloomington</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>georgiablack</u> Phone: <u>(608)</u>
2. <u>Rebbie Denton</u> Print: <u>Rebbie Denton</u> Sign: <u>[Signature]</u>	Street: <u>2009 NORTHPORT DR #10</u> City: <u>Madison WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>d-denton</u> Phone: <u>(608)</u>
3. <u>JEANNIE DENNING</u> Print: <u>JEANNIE DENNING</u> Sign: <u>[Signature]</u>	Street: <u>393 W. Dayton St. #1601</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>denningj</u> Phone: <u>(608)</u>
4. <u>LAWRENCE KOTH</u> Print: <u>LAWRENCE KOTH</u> Sign: <u>[Signature]</u>	Street: <u>21 DIXON ST</u> City: <u>MADISON</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>(608)</u>
5. <u>Kevin Nurm</u> Print: <u>Kevin Nurm</u> Sign: <u>[Signature]</u>	Street: <u>518 Allen St</u> City: <u>Cambridge</u> Zip: <u>53523</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Cambridge</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>[Blank]</u> Phone: <u>(608)</u>

I, Fred Schepante (Printed Name of Circulator), (certify): I reside at 505 Christman Ave (Circulator's Residence - Street Name and Number) Bloomington (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 1213(3)(a), Wis. Stat.

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[Signature]
(Signature of Circulator)

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Circulators,
Please include your con

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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. SCOTT MCCORMICK	<i>[Signature]</i>	Street: 603 Jacobson Ave City: MADISON, WI Zip: 53714	<input checked="" type="checkbox"/> Town BLOOMING GROVE <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Nathan Castee	<i>[Signature]</i>	Street: 3213 Forey AVE City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Dickie Oscar	<i>[Signature]</i>	Street: 602 Power AV City: madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Jane Feierabend	<i>[Signature]</i>	Street: 428 Powers City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Theodore Feierabend	<i>[Signature]</i>	Street: 428 Powers City: madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Mary Givara	<i>[Signature]</i>	Street: 428 Powers City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Rebekah Laddon	<i>[Signature]</i>	Street: 412 Powers Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Alvin Laddon	<i>[Signature]</i>	Street: 412 Powers Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Lars Rosko	<i>[Signature]</i>	Street: 412 Powers Ave City: Madison Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Nicole Richmond	<i>[Signature]</i>	Street: 416 N Fair Oaks Ave City: Madison WI Zip: 53714	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Fred Schepantz, (certify): I reside at 505 Christianson Bloomington
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Return to
Committee
PO Box 2
Madison

CONTACT
Email: leanningtr
Phone: (608) 77
Email: Esoncaste
Phone: (608) 301
Email:
Phone: ()
Email:
Phone: ()
Email:
Phone: ()
Email: murib
Phone: ()
Email:
Phone: ()
Email: Kellie's eye
Phone: ()
Email: la roske
Phone: (608) 249
Email: nicki.rich
Phone: (608) 358

Circulators, please include

Phone: (608)
Email: fms
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SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Sydney Anderson</u> Sign: <u>Sydney Anderson</u>	Street: <u>412 W. Main St.</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>Joncha Grinnell</u> Sign: <u>Joncha Grinnell</u>	Street: <u>5312 Westport RD. #208</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Robin Gabbei</u> Sign: <u>Robin D Gabbei</u>	Street: <u>188 Cannery Place #102</u> City: <u>Sun Prairie</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Trew Naleid</u> Sign: <u>Trew Naleid</u>	Street: <u>7362 timberlake Trl Apt 306</u> City: <u>Madison</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: <u>John L. Quinlan</u> Sign: <u>John L. Quinlan</u>	Street: <u>75 Golf Pkwy, Unit F</u> City: <u>Madison</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

I, Joann Keller (Printed Name of Circulator) (certify): I reside at 4333 Crawford Dr (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1694

Circulators.
Please include your contact

Phone

(608) _____

Email

joke

Bato

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Joann Keller Sign:	Street: 4333 Crawford City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone () ()
2. Print: ANDREW BERNA Sign: Andrew Berna	Street: 1658 Sunfield St Box 3104 City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON (Municipality Name)	JKK 11/15/2011 (Month) (Day) (Year)	Email Phone () ()
3. Print: Martha Busse Sign: Martha Busse	Street: 2914 Ashford Ln #2 City: Madison WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone () ()
4. Print: Kelly Case Sign:	Street: 8306 Inverness Dr City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone () ()
5. Print: Arika Rosales Sign:	Street: 2902 Arbor Dr City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison (Municipality Name)	11/15/2011 (Month) (Day) (Year)	Email Phone () ()

Certification of Circulator

I, Joann Keller (Printed Name of Circulator) (certify): I reside at 4333 Crawford Dr (Circulator's Residence - Street Name and Number) Madison (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/15/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1695

Circulators.

Please include your contact

Phone

(608) 4

Email

jokell

Batch #

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Juliet Sanders	<i>Juliet Sanders</i>	Street: 1109 Saybrook Road City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Robert McFarlane	<i>Robert McFarlane</i>	Street: 810 Longwood Dr City: Oregon WI Zip: 53575	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Oregon <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Larry Chavez	<i>Larry Chavez</i>	Street: 713 Highcliff Trl. City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Ariel Ford	<i>Ariel Ford</i>	Street: 613 N. Milwaukee St City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Charles Newman	<i>Charles Newman</i>	Street: 702 Eagle Crest Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. JAMES Ferguson	<i>James Ferguson</i>	Street: 2996 Roadt Dr City: Stoughton WI Zip: WI	<input checked="" type="checkbox"/> Town Pleasant Springs <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Stoughton	11/15/2011 (Month) (Day) (Year)
7. Michael Sanders	<i>Michael Sanders</i>	Street: 1109 Saybrook Rd City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Mari Brook	<i>Mari Brook</i>	Street: 827 Kottke Dr. City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Jen Franke	<i>Jen Franke</i>	Street: 913 Eagle Crest Dr. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. TODD MEADOWS	<i>Todd Meadows</i>	Street: 6702-A PARK RIDGE DRIVE City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Leslie Starczewski, (certify): I reside at 1410 Wheeler Rd #G Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 17 2011
(Month) (Day) (Year)

Leslie Starczewski
(Signature of Circulator)

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1696

Circulators, pl
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by J

Committee to
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Dan Fink</u> Sign: <u>Dan Fink</u>	Street: <u>116 E Gorham St. APT C</u> City: <u>Madison</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
2. Print: <u>David Ryan Pokoreny</u> Sign: <u>David Ryan Pokoreny</u>	Street: <u>321 Wisconsin Ave APT 12</u> City: <u>MADISON WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
3. Print: <u>Lauren Fajny</u> Sign: <u>Lauren Fajny</u>	Street: <u>144 E Gorham St #1F</u> City: <u>MADISON, WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
4. Print: <u>Glen Allen</u> Sign: <u>Glen Allen</u>	Street: <u>2202 Center Ave</u> City: <u>Madison, WI</u> Zip: <u>53704</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email _____ Phone () ()

Certification of Circulator

I, Chris Swenson, (certify): I reside at 6798 Park Ridge Dr Unit A
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its contents on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Chris Swenson
(Signature of Circulator)

Page No. (Official Use Only)

1697

Circulators.

Please include your contact information.

Phone
(608) 608
Email
chris@baldy#1

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: <u>JEFFREY A. HAULENA</u> Sign: <u>[Signature]</u>	Street: <u>118 RICHLAND LANE</u> City: <u>MADISON, WI</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>JAHAYLE</u> Phone: <u>(608)</u>
2. Print: <u>Robert W. Purvis</u> Sign: <u>Robert Purvis</u>	Street: <u>6624 Century Ave</u> City: <u>Middleton</u> Zip: <u>53662</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Middleton</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>()</u>
3. Print: <u>Bernie P. Tennis</u> Sign: <u>Bernie P. Tennis</u>	Street: <u>1731 Baker Ave</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
4. Print: <u>Signe Knudsen</u> Sign: <u>Signe Knudsen</u>	Street: <u>465 N Baldwin St.</u> City: <u>Madison WI</u> Zip: <u>53703</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
5. Print: <u>Chris Swenson</u> Sign: <u>Chris Swenson</u>	Street: <u>6758 Park Ridge Dr Unit A</u> City: <u>Madison WI</u> Zip: <u>53719</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email: <u>chris@</u> Phone: <u>(608)</u>

Certification of Circulator

I, Chris Swenson, (certify): I reside at 6758 Park Ridge Dr Unit A
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

City of Madison
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20
(Month) (Day) (Year)

Chris Swenson
(Signature of Circulator)

Page No. (Official Use Only)

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Return by J
Committee
PO Box 256
Madison, WI

Circulators,
Please include your con

Phone
(608)
Email
chris@
Batch # B

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jennifer A. Hackenmiller	<i>Jennifer A. Hackenmiller</i>	Street: 5 Valor Circle City: madison, WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Mary C. Moubry	<i>Mary C. Moubry</i>	Street: 913 Acewood Dr City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Katie Pronschinske	<i>Katie Pronschinske</i>	Street: 917 Tarragon Dr City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Wesley R. Handrow	<i>Wesley R. Handrow</i>	Street: 5304 Marsh Woods Drive City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
5. Joshua J. Johnson	<i>Joshua J. Johnson</i>	Street: 4716 Dale St Apt #4 City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
6. Theresa A. Johnson	<i>Theresa A. Johnson</i>	Street: 4716 Dale St Apt #4 City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
7. Nancy J Johnson	<i>Nancy J. Johnson</i>	Street: 6145 Tuscola Tr City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
8. LeAnn R Glover	<i>LeAnn R Glover</i>	Street: 6102 Forest Ridge City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
9. Cortez McNair	<i>Cortez McNair</i>	Street: 5403 Dennis Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11 / 15 / 2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1 / 20 (Month) (Day) (Year)

Certification of Circulator

I, Mervin Meyers
(Name of Circulator)

(certify): I reside at 5602 Scott St
(Circulator's Residence - Street name and Number)

McFarland
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Mervin Meyers
(Signature of Circulator)

Page No. (Official Use Only)
1699

Circulators

Phone
Email
Meyers

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Ellen Garske	Ellen Garske	Street: 6301 Pheasant Run City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
2. Iris Krisch	Iris Krisch	Street: 4172 Lookout Trail City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
3. Ron HANKO	Ron HANKO	Street: 6111 Indian Mound Dr City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
4. JAMES ZEMLIK	James Zemlik	Street: 6202 Johnson St City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
5. Susan Hartman	Susan Hartman	Street: 6318 Johnson St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
6. Gary Buhler	Gary Buhler	Street: 6007 Exchange St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
7. Susan Borchardt	Susan Borchardt	Street: 5321 Leanne Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
8. Stephen Drucker	Stephen Drucker	Street: 4663 Treichel St 102 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Ann M Ford	Ann M Ford	Street: 6002 Exchange St City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
10. Holly Ceelen	Holly Ceelen	Street: 5205 Falling Leaves Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Joanne H. Ruzicka, (certify): I reside at 3352 Brugger Pl Blooming Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Joanne H. Ruzicka
(Signature of Circulator)

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1700

Circulators

Phone

Email